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Date Completed: _____ Failure Code: _____

Completed By : _____ Signature : _____

Accepted By : _____ Signature : _____

** Delay Codes Legend **

W=Whse C=CrSp T=Tag TL=Tool P=Plan

**** Record Time Daily ****

[illegible]

** IMPORTANT NOTICE **

YOU ARE RESPONSIBLE FOR YOUR OWN SAFETY AND MUST ENSURE THAT THE REQUIRED PPE IS WORN FOR EVERY JOB YOU ARE DOING. IF YOU HAVE ANY QUESTIONS CONCERNING THE WORK RULES, SAFETY CODES, OR REQUIRED PPE, PLEASE CONTACT YOUR SUPERVISOR.

Job Feedback/Historical Notes:



IP7013328

CREW: 62

WORK ORDER TYPE: MODIFICATIONS

02-53663-40

ISSUE DATE 01/06/11

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** Work Order Tools List **

Ln	Tool No	Noun Qualifier	Measure 1	Measure 2	Measure 3	Rqd
1	5518	METER, CAPACITANCE	DIGITAL	HAND HELD	W/CASE	1

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